

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

3072-62-013363
STATE FILE NUMBERDO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3072

STATE FILE NUMBER

FILED MAR 26 1962

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. LouisLength of stay in 1b
Daysc. CITY
OR
TOWN

Overland

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION Deaconess HospitalInside Limits
Yes ☒ No ☐d. STREET
ADDRESS(If outside, give location)
2853 Wismer Rd.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

George Peter Zbaren

4. DATE
OF DEATH

Month

Day

Year

March 20, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12/9/1889 73

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Supervisor-Union Electric Co.-Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Peter Zbaren

13b. MOTHER'S MAIDEN NAME

Matilda Bushman

14. NAME OF HUSBAND OR WIFE

Hazel St. Clair Zbaren

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Hazel Zbaren, 2853 Wismer Rd.

18. CAUSE OF DEATH (Enter only one cause per line for
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of Pancreas

INTERVAL BETWEEN
ONSET AND DEATH

Unknown

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

157X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

None

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3-5-62 to 3-20-62 and last saw her alive on 3-20-62

Death occurred at 10:00 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

SIGNATURE

Samuel Roth

(Degree or title)

M.D.

22b. ADDRESS

8505 Delmar

22c. DATE SIGNED

3/21/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

Removal, 3/22/1962

23c. NAME OF CEMETERY OR CREMATORY

Valhalla Cemetery

23d. LOCATION (City, town, or county)

St. Louis County, Mo.

24. FUNERAL DIRECTOR

ADDRESS

C. R. Lupton & Sons, St. Louis, Mo.

25. DATE RECD. BY LOCAL REG.

MAR 21 1962

26. REGISTRAR'S SIGNATURE

R. Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

Dr. Roth 8505 Oldman
2:00 P.M.

19-10-10-10

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Clarence H. Murray

Licensed Embalmer No.

4011

P. O. Address

St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.